FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048821

1. Corporation Name
TSR, Inc.
P.O. Box 10611
Riviera Beach, FL 33404

Principal Place of Business
2534 Doral Way
Riviera Beach, FL 33407

Mailing Address
P.O. Box 10611
Riviera Beach, FL 33404

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 1995
4. FEI Number: 65-0422963
5. Certificate of Status Desired: ☐ $8.75 Fee Required
6. ☐ $5.00 Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
Martin, Gerald A
9040 Belvedere Road
Suite 200
West Palm Beach, FL 33411

10. Name and Address of New Registered Agent
(81) Name
(82) Street Address (P.O. Box Numbers Not Acceptable)
(83)
(84) City FL (85) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, Typed or Printed Name of Registered Agent and Date (Not Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. AMENDMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMERON, DON 8394 MAN-O-WAR RD. PALM BEACH GARDENS FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMERON, JUDY 8394 MAN O WAR RD PALM BEACH GARDENS, FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP — ☐ Change ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Cameron 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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